



DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT OR CIP APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"ENDOTHELIAL CELL GROWTH FACTOR  
AND METHODS OF ISOLATION"

the specification of which: (complete (a),(b) or (c) for type of application)

REGULAR OR DESIGN APPLICATION

(a) ☒ is attached hereto.

(b) ☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_

PCT FILED APPLICATION ENTERING NATIONAL STAGE

(c) ☐ was described and claimed in International Application No. \_\_\_\_\_ filed  
on \_\_\_\_\_ and as amended on \_\_\_\_\_

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (a).

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
N/A				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

N/A

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

328,181	March 24, 1989	Pending
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

## POWER OF ATTORNEY

As a named inventor, I hereby appoint HOWARD M. PETERS  
Patent and Trademark Office Reg. No. 29,202, and each member of the firm of  
Phillips, Moore, Lempio and Finley, all of the address listed below, my principal attorney and agents,  
with full power of substitution and revocation, to appoint other principal and associate attorneys, to  
prosecute this application, and to transact all business in the Patent and Trademark Office connected  
therewith.

SEND CORRESPONDENCE TO:

PHILLIPS, MOORE, LEMPIO & FINLEY  
177 Post Street, Suite 800  
San Francisco, California 94108  
Telephone: (415) 421-2674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Napoleone Ferrara  
Inventor's signature Napoleone Ferrara  
Date 9-7-89 Country of Citizenship Italy  
Residence 2 Britton Avenue P.O. 619  
Post Office Address Belvedere, California 94920

Full name of second joint inventor, if any Denis Gospodarowicz  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship France and U.S.A.  
Residence 215 Maywood Drive  
Post Office Address San Francisco, California 94127

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS  
DECLARATION

- ☐ Signature for third and subsequent joint inventors. Number of pages added 0
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_\_
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_\_

(complete this part only if this is a continuation-in-part application)

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Full name of sole or first inventor Napoleone Ferrara

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Italy

Residence 2 Britton Avenue P.O. 619

Post Office Address Belvedere, California 94920

Full name of second joint inventor, if any Denis Gospodarowicz

Inventor's signature *D. Gospodarowicz*

Date 9-28-89 Country of Citizenship France and U.S.A.

Residence 215 Maywood Drive

Post Office Address San Francisco, California 94127

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